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**CERTIFICATE OF FACSIMILE TRANSMISSION TO THE
UNITED STATES PATENT AND TRADEMARK OFFICE**

Date: May 24, 2004

Examiner: *Phillip H. Leung* : *RE: U.S. Patent Application*
Art Unit: *3742* : *Serial No.: 09/758,611*
Fax: *(703) 872-9306* : *Applicant: Todd V. Graves, et al.*
From: *Thomas M. Fisher* : *Atty. Dkt. No.: 9D-RG-19587*

DOCUMENTS SUBMITTED WITH TRANSMISSION:

*Amendment Transmittal (3 pgs.); Amendment in Response to Final Office Action dated
March 22, 2004 (17 pgs.); Certificate of Transmission via Facsimile (1 pg)*

Total pages including cover page: 21


If all pages are not received, please contact: Michele at Ext. 7321

RE: The above referenced U.S. Patent Application
Title: SPEEDCOOKING OVEN INCLUDING CONVECTION / BAKE MODE
Filed: January 11, 2001

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that these papers are being facsimile transmitted to the U.S. Patent and Trademark Office, Facsimile Number (703) 872-9306 on the date shown below.

Date: May 24, 2004


Thomas M. Fisher, Reg. No.: 47,564

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PATENT
Attorney Docket No.: 9D-RG-19587

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Todd V. Graves, et al. :
Serial No.: 09/758,611 : Art Unit: 3742
Filed: January 11, 2001 : Examiner: Leung, Philip H.
For: SPEEDCOOKING OVEN :
INCLUDING CONVECTION / :
BAKE MODE :

Mail Stop: AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is: Amendment in response to Final Office Action dated March 22, 2004 (17 pgs.); and Certificate of Transmittal via Facsimile

STATUS

2. Applicant
☒ claims small entity status.
☐ is other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION

CERTIFICATE OF MAILING BY EXPRESS MAIL TO
THE COMMISSIONER FOR PATENTS

FACSIMILE

Express Mail No.:

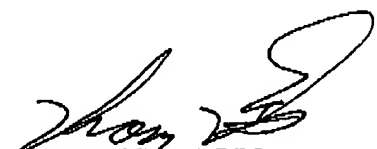
Date:

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. § 1.10 on the date indicated above in an envelope addressed to: Mail Stop: , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: May 24, 2004

☒ transmitted by facsimile to the Patent and Trademark Office

Via Facsimile No.: (703) 872-9306


Thomas M. Fisher
Reg No.: 47,564

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) _____ Applicant petitions for an extension of time under 37 C.F.R. 1.136
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
_____ first month	\$ 110.00	\$ 5.00
_____ second month	\$ 420.00	\$ 210.00
_____ third month	\$ 950.00	\$ 475.00
_____ fourth month	\$1,480.00	\$ 740.00
_____ fifth month	\$2,010.00	\$1,005.00

Fee: \$ _____

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

_____ An extension of _____ months has already been secured. The fee paid therefor \$_____ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

OR

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA	SMALL ENTITY ADDITIONAL RATE FEE	OR	OTHER THAN SMALL ENTITY ADDITIONAL RATE FEE
TOTAL	MINUS	=		x \$9 = \$		x \$18 = \$
INDEP.	MINUS	=		x \$43 = \$		x \$86 = \$
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ \$145 = \$		+ \$290 = \$
				TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

- (a) ☒ No additional fee for Claims is required

OR

- (b) ☐ Total additional fee for claims required \$

FEE PAYMENT

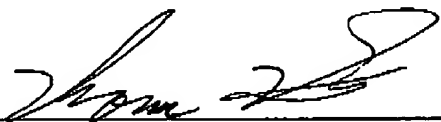
5. ☐ Attached is a check in the sum of \$
☐ Charge Deposit Account No. 01-2384 the sum of \$
☐ A duplicate of this transmittal is attached.

FEE DEFICIENCY

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.
7. ☐ Other:


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